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TO EXAMINER:	FROM APPLICANT:
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FAX NUMBER:	DATE:
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COMPANY:	TOTAL NO. OF PAGES INCLUDING COVER: 23
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PHONE NUMBER:	APPLICATION NUMBER:
703-306-3016	09/391,966 FILED: 09/08/99

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- Amendment Under 37 CFR 1.116 for application no. 09/391,966 filed 09/08/99 of Richard J. Ditzik, twenty (20) pages.
- Amendment Transmittal page.
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AMENDMENT TRANSMITTAL	In Re:	
	Application Number	09/391,988
	Filing Date	09/08/99
	First Named Inventor	Richard J. Ditzik
	Group Art Unit	2685
Examiner Name		Kincald, Lester G.
For: Modular Notebook and PDA Computer Systems for Personal Computing and Wireless Communications		

- A. ☒ Transmitted herein is an Amendment under 37 CFR § 1.116 for the above-identified application, 20 pages.
- B. ☒ Applicant is an small entity – verified statement already filed.

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						Fee Code	Fee (\$)	Fee Description		Fee Paid																			
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						216		Extension for response within second month																					
						217		Extension for response within third month																					
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2. CLAIMS <table border="1"> <thead> <tr> <th></th> <th>Prev Paid</th> <th>Extra</th> <th>Fee fm below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims:</td> <td>18</td> <td>-20 =</td> <td>0</td> <td>X = 0</td> </tr> <tr> <td>Independent Claims:</td> <td>2</td> <td>-3</td> <td>0</td> <td>X = 0</td> </tr> <tr> <td>Multiple Dep. Claims:</td> <td></td> <td></td> <td>X</td> <td>=</td> </tr> </tbody> </table>							Prev Paid	Extra	Fee fm below	Fee Paid	Total Claims:	18	-20 =	0	X = 0	Independent Claims:	2	-3	0	X = 0	Multiple Dep. Claims:			X	=				
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Small Entity <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>203</td> <td>\$9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>202</td> <td>\$39</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>204</td> <td>\$130</td> <td>Multiple dependent claim</td> </tr> <tr> <td>209</td> <td>\$39</td> <td>Reissue Indep. Claims over original</td> </tr> <tr> <td>210</td> <td>\$9</td> <td>Reissue claims in excess of 20</td> </tr> </tbody> </table>						Fee Code	Fee (\$)	Fee Description	203	\$9	Claims in excess of 20	202	\$39	Independent claims in excess of 3	204	\$130	Multiple dependent claim	209	\$39	Reissue Indep. Claims over original	210	\$9	Reissue claims in excess of 20						
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210	\$9	Reissue claims in excess of 20																											
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